

Statement of Deficiencies

Residential Habilitation Agency

Community Outreach Counseling, LLC -- Nampa
RHA-3900

1031 W Sanetta St
Nampa, ID 83651-5047
(208) 466-7443

Survey Type: Investigation

Entrance Date: 1/27/2015

Exit Date: 2/5/2015

Initial Comments: Kerrie Ann Hull, Medical Program Specialist and Eric Brown, Program Manager.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.302.04 302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	<p>Review of agency documentation revealed that the agency did not maintain the agency's medication policy describing the program's system, for handling participant medications which is in compliance with IDAPA 23.01.01, "Rules of the Board of Nursing".</p> <p>For example:</p> <p>Participant 1: Medication records revealed that the participant went without medication for six consecutive days.</p> <p>Participant 2: Medication records revealed that the participant received assistance with medication by more than one one staff however only one staff member was identified on the MARS.</p> <p>Participant 3: Medication records for participant 3 revealed dates and times that were blank without explanation of why the</p>	<p>1) The Administrative Staff (PCs/QIDPs and PCA's) went through an extensive training from the Program Directors on MARs documentation. The Program Directors exhaustively covered expectations in regards to MAR documentation and company medication standards. We have changed job duties to add PCA's also reviewing MAR documentation and notifying the PCs of any issues in all their homes as well so that two sets of eyes are looking at the documentation on a regular basis. If errors are found, retraining/write-ups are provided to the staff that documented in error or failed to document on their assigned shift when medications were given. We also are auditing the MARS when they come in each month and ensuring documentation is correct and if errors are found, retraining/write-ups are provided to the staff that documented in error or failed to document on their assigned shift when meds were given. For our March Mandatory Monthly Meetings we will retrain all direct care staff</p>	3/27/15

participant was not given the medication.

The agency failed to follow their medication policy regarding medication assistance documentation for 3 out of 3 participants.

thoroughly on expectations in regards to MAR documentation and medication refills.

2) Through implementing the above training and auditing system we believe, through more accountability and a process for auditing that was not previously in place before, that the MARs and medication standards will meet IDAPA 23.01.01 "Rules of the Board of Nursing."

3) The QIDPs will be in charge of auditing the MARS at least once weekly checking for blanks, errors and medication refill times and amounts. The Program Directors will be in charge of auditing the MARS when they come in at the end of the month and they will be checked thoroughly. If errors are found, the MARS will be given back to the PC to take to the direct care staff to fix the documentation errors or fix themselves if there is corresponding documentation that would prove medications were given appropriately. Once MARS are corrected after the auditing process they will then be filed in the participant's book. The PCs and PCAs will be in charge of reviewing documentation on MARS throughout the month and retraining direct care staff on documentation when it is in error. If documentation errors for direct care staff seem to be a habitual concern, write-ups and up to termination may occur.

4) Through adding this process and level of monitoring/auditing no MARS will be allowed to be considered a final product until documentation on them is correct and not in error.

5) The training with the PC and PCAs have already been retrained recently. The direct care staff will be retrained on March 9th, 11th, 13th and 27th.

Administrator/Provider Signature:

Doree Bartholmeier, LCSW

Date:

2/24/15

Department POC Approval Signature:

Keele Ann Hull, LMSW

Date:

2/27/15

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.